STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

2) Admission for other Dental Services

1/1/76

Inpatient hospital services for dental procedures such as the care, filling, removal of teeth, replacement of teeth (including bridges and dentures), treatment of gum areas, and surgery or other services related to such procedures are not covered, unless prior authorized.

NOTE: Apprehension on the part of the patient, regardless of age, is not an acceptable reason, in itself, for admission.

HCFA-179 # 89-7 Date Rec'd 3/22/89
Supercedes 87-8 Date Appr. 6/7/89
State Reg. No. 87-8 Date Eff. 4/1/89

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

2. OUTPATIENT HOSPITAL SERVICES

Professional fees for services provided in the outpatient department of a hospital will be paid only when such payment does not duplicate payment to the hospital.

Educational costs associated with the outpatient department will be reimbursed to hospitals with approved training programs (as described in 404.1 of the HIM-15 manual).

Payment will not be made for services of staff in residence, e.g., interns and residents, or medical staff functioning in an administrative or supervisory capacity (including physician-owners) who are paid by the hospital or other sources.

Outpatient services relating to routine examinations only, i.e., unrelated to a specific illness, symptom, complaint, or injury, are not covered, except when provided to eligible children under age 21 as part of a program of early and periodic screening, diagnosis and treatment. (See Item 4b.)

Outpatient hospital services include: prenatal and postnatal care; and services listed below when medically necessary for the diagnosis or treatment of an illness or injury when ordered by and under the direction of a physician (M.D. or D.O.), **and** services performed by the physician:

1) radium treatment.
2) therapeutic x-ray.
3) diagnostic x-ray.
4) emergency treatment.
10/01/94 5) physical therapy (as defined in 1.a).
6) laboratory tests.
7) electrocardiogram.
8) electroencephalogram.
9) basal metabolism.
10) hemodialysis.

NOTE: 1. The patient who receives hemodialysis in his home is considered to be a hospital outpatient. Therefore, payment for the cost of hemodialysis supplies, such as plastic tubing, chemicals, disposable coils, etc., may be made under the Program

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

NOTE: 2. Lab payments to an outpatient hospital are limited to a maximum rate per recipient, per hospital. This rate is determined to be adequate to cover reasonable and necessary procedures. Lab services in excess of this rate are covered on an exception basis when determined to be medically necessary by the department.

11) Individual and group psychotherapeutic treatment rendered by a psychiatrist or physician (M.D. or D.O.) in the outpatient department of a licensed psychiatric hospital or of a general hospital with a licensed psychiatric unit.

12) Play therapy (for children) and family therapy rendered by a psychiatrist or physician (M.D. or D.O.) in the outpatient department of a licensed psychiatric hospital or of a general hospital with a licensed psychiatric unit.

13) Psychological testing (may be administered by a licensed psychologist, for diagnostic purposes, when ordered and billed for by the physician.)

14) Prescribed drugs and medications dispensed by the outpatient facility in connection with treatment received at the facility and administration of such drugs. NOTE: Nonlegend drugs, with the exception of insulin, family planning drugs and supplies, and those drugs necessary for the treatment of chronic renal disease, are not covered. Certain anti-anxiety, analgesic, anorectic, cough and cold, antacid, laxative, anti-vertigo, hematinic, vitamins, nutritional supplements, and other drugs specified by the department are not covered.

15) Covered oral surgical procedures, as listed under Inpatient Hospital Services, specified in 1.a.

16) Occupational therapy as defined in 1.a. Outpatient occupational therapy services require prior authorization.

10/01/94

17) Psychiatric occupational/recreational therapy, as defined in 1.a., only in conjunction with partial hospitalization.

18) Speech therapy services, as defined in 1.a. Outpatient speech therapy services require prior authorization, regardless of age.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

10/01/94 | 19) Outpatient hospital psoriasis treatment centers must be certified by the Medical Services Administration as meeting criteria specified by the Medical Services Administration. In addition, admission to the treatment center is based on criteria specified by the Medical Services Administration. Coverage includes all services for the episode required to treat the specific recipient for the psoriasis condition, except physician services.

Outpatient hospital psoriasis services rendered to recipients that do not meet the specified admission criteria for the outpatient psoriasis treatment centers are covered as outpatient hospital services using the existing outpatient hospital facility charge coding system.

2b. **RURAL HEALTH CLINIC SERVICES** (Same for categorically needy and medically needy clients)

The following services are covered when furnished by a rural health clinic which has been certified in accordance with 42 CFR 481:

1) Rural health clinic services as specified in 42 CFR 440.20(b).

2) Ambulatory services, other than rural health clinic services, which are included in the Plan and are furnished in accordance with the requirements specified in the Plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

3. OTHER LABORATORY AND X-RAY SERVICES (Same for categorically needy and medically needy clients)

Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner included in the Plan within the scope of his profession (see Items 5 and 6) and made by an independent laboratory which is an eligible provider.

12-01-91

These laboratory services when performed by an independent lab which is an eligible provider, are limited to a maximum payment rate per recipient, per independent lab. This rate is determined to be adequate to cover reasonable and necessary procedures. Lab services in excess of this rate are covered on an exception basis when determined to be medically necessary by the department.

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

4a. **NURSING FACILITY SERVICES** (other than services in an institution for tuberculosis or mental diseases) for patients 21 years of age or older. (Same for categorically needy or medically needy clients.)

The following services are included when furnished by (or, in the case of physical therapy, through a subcontract to) a facility meeting the standards of a nursing facility:

1) Bed and board including a private room, if medically necessary, and special dietary services.

2) Nursing care, other medical services related to nursing care, and use of equipment which is owned by the facility and is ordinarily provided in the care and treatment of the patient.

3) Specialized nursing services for patients who have been determined to be mentally retarded (or mentally ill) and have other infirmities requiring nursing care, who are treated in facilities or distinct units of nursing facilities that are approved for treatment of the mentally retarded (or mentally ill) by the Michigan Department of Mental and authorized for Title XIX certification by the Michigan Department of Public Health.

4) Routine physical therapy, occupational therapy, and speech pathology consisting of repetitive services required to maintain function. The instructions for development of the therapy and treatment are included in the per diem rate. Such therapy does not require the therapist to perform the service, nor does it require complex and sophisticated procedures.

The period of covered nursing facility services is the minimum period necessary in this type of facility for the proper care and treatment of the patient. There is no requirement for prior hospitalization; however, admission to a nursing facility must be upon the written direction of a physician or a certified Christian Science practitioner who must periodically recertify the need for care.

12/01/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

The following services are excluded from the nursing facility per diem rate:

1) physical therapy, as defined in 1.a. Prior authorization is required.
2) occupational therapy, as defined in 1.a. Prior authorization is required.
3) speech pathology, as defined in 1.a. Prior authorization is required, regardless of age.

In addition, for nursing homes and proprietary MI/MR facilities, the following services may be covered for Medicare Part B coinsurance and deductible amounts only:

1) diagnostic radiology.
2) electrocardiogram.
3) electroencephalogram.
4) blood.
5) physician (M.D. and D.O.) services.
6) pharmacy.
7) medical supplies.
8) durable medical equipment.
9) laboratory.

In addition to the therapies and other services mentioned above, for medical care facilities and hospital long term care units, the following services may be covered:

1) emergency room services.
2) operating room services (not applicable to hospital long term care units).
3) oxygen.
4) cancer chemotherapy.
5) other medical - surgical services as determined by the department.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

4b. The EPSDT program is available to all Medicaid clients under the age of 21. This program was established to detect and correct or ameliorate defects and physical and mental illnesses and conditions discovered in children.

07/01/94

EPSDT visits are recommended according to the periodicity schedule by the American Academy of Pediatrics.

If a mandatory or optional service is not covered to the extent the provider feels is necessary, it will be covered for clients under 21 years of age if the Medical Services Administration consultant agrees with the provider that the service is medically necessary.

07/01/94

Of the services listed on 3.1-A preprint pages of the State Plan, Christian Science nurses' services and private duty nursing services are not normally covered, but will be covered for clients under 21 years of age if the Medical Services Administration consultant agrees with the provider that the service is medically necessary.

Any necessary screening and preventive services will be covered under other appropriate service categories.

The State did not opt to provide presumptive eligibility for pregnant women. All prenatal services for Medicaid eligible pregnant women are covered under other appropriate service categories.

Blood lead follow-up services are not listed in the preprint pages but are covered for children discovered to be lead burdened. Epidemiological investigations and in-home education visits are covered for lead burdened children.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

In addition, the EPSDT program covers medically necessary screening and preventive support services for children, including nutritional and at-risk assessments as well as resulting health education, mental health, and transportation-arranging services. These services are directed exclusively to the treatment of the subset of Medicaid-eligible children whose health and well-being are at a risk due to serious health programs or conditions which exist with either the mother or child, such as drug or alcohol abuse, child abuse or neglect, failure to thrive, a low birth weight infant, low functioning/impaired parent, or homeless or dangerous living situations. The support services are provided by state certified providers, with a required referral to the provider made by a physician (MD or DO), certified nurse midwife, or nurse practitioner.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

In addition, the EPSDT program covers medically necessary screening and preventive support services for children, including nutritional and at-risk assessments as well as resulting health education, mental health, and transportation-arranging services. These services are directed exclusively to the treatment of the subset of Medicaid-eligible children whose health and well-being are at a risk due to serious health problems or conditions which exist with either the mother or child, such as drug or alcohol abuse, child abuse or neglect, failure to thrive, a low birth weight infant, low functioning/impaired parent, or homeless or dangerous living situations. The support services are provided by state certified providers, with a required referral to the provider made by a physician (MD or DO), certified nurse midwife, or nurse practitioner.